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APPLICANTS

Ferdinand Kristen, Gilching, GERMANY;

Hans-Werner Bongers-Ambrosius, Munich, GERMANY;

** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 1	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

30377

DAVID TOREN, ESQ.

ABELMAN FRAYNE & SCHWAB

666 THIRD AVENUE

NEW YORK, NY

10017-5621

TITLE

Rotating electric hand tool implement with safety routine

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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